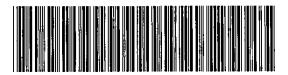
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(Requestor's Name) .	_		
(Address)			
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(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
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JUL 2 6 2016 S. YOUNG

COVER LETTER

TO: Registration Division of	n Section Corporations		
KEVKO	O 943 LLC		
SUBJECT;	Name of Limited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.		
Please return all corre	espondence concerning this matter to the following:		
	KENNETH KOW		·
	Name of Person		
	Firm/Company		
	12801 SW 96 AVENUE		
	Address		
	MIAMI, FL 33176	د در	P.C.
	City/State and Zip Code kenvi@bellsouth.net	JUL 25	- 53-35- - 53-35-
	E-mail address: (to be used for future annual report notification)	23	- (``jo∓ m-Kr
For further information	on concerning this matter, please call:	Pii	- TH
KENNETH KOW	305 978-4582 at ()	2:5	
Nar	ne of Person Area Code Daytime Telephone Number	or.	72.
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEVKO 943 LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
Γhe Articles of Organization for this Limited Liability Co	ompany were filed on June 1, 2016	and assigned
Florida document number L16000107968	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
		2, and
		7 [5]
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		8 22元
		그 그렇게
		13 CA
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the ne
Name of New Registered Agent:		
Now Payintared Office Address		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	a
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VIOLET KOW	12801 SW 96 AVENUE	Add
		MIAMI, FL 33176	□ Remove
			☐ Change
			Add
			☐ Remove
		··· ·	Change
			Add
			I Remove
			☐ Change?
			□ Add
			□ Remove
		-	Change
			Add
			☐ Remove
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			□ Remove
			☐ Change

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	PH 2:
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to	(optional)
ote: If the date inserted in this block does not meet the applicate ocument's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier c
ated,,	
	zed representative of a member
$\mathcal{A} \circ \mathcal{A} \mathcal{Y}_{0,2}$	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00